



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNION HOSPITAL, INC.

City of Hospital: Terre Haute

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Tammie Brown

Email Address: fatsb@uhhg.org

Medicare Provider Number: 15-0023

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

|                                     |              |
|-------------------------------------|--------------|
| Inpatient Patient Service Revenue   | \$491430277  |
| Outpatient Patient Service Revenue  | \$706865683  |
| Total Gross Patient Service Revenue | \$1198295960 |

2. Deductions From Revenue

|                       |             |
|-----------------------|-------------|
| Contractual Allowance | \$764384304 |
| Other Deductions      | \$48939423  |
| Total Deductions      | \$813323727 |

3. Total Operating Revenue

|                             |             |
|-----------------------------|-------------|
| Net Patient Service Revenue | \$384972233 |
| Other Operating Revenue     | \$9437724   |
| Total Operating Revenue     | \$394409957 |

4. Operating Expenses

|                               |             |                   |             |
|-------------------------------|-------------|-------------------|-------------|
| Salaries and Wages            | \$116666596 | Employee Benefits | \$23342587  |
| Depreciation and Amortization | \$18565968  | Interest Expense  | \$15880782  |
| Bad Debt                      | \$0         | Other Expenses    | \$190561949 |
| Total Operating Expenses      | \$365017882 |                   |             |

5. Net Revenue and Expenses

|                                   |            |                   |             |
|-----------------------------------|------------|-------------------|-------------|
| Excess Revenue over Expenses      | \$29392075 | Total Assets      | \$464401150 |
| Net Non-operating Gains over Loss | \$-2029217 | Total Liabilities | \$329304478 |

|                 |            |
|-----------------|------------|
| Total Net Gains | \$27362858 |
|-----------------|------------|

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| Statement Two: Contractual Allowance |
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| Revenue Source   | Gross Patient Revenue | Contractual Allowance | Net Patient Service Allowance |
|------------------|-----------------------|-----------------------|-------------------------------|
| Medicare         | \$586218216           | \$410996964           | \$175221252                   |
| Medicaid         | \$191219199           | \$144877527           | \$46341672                    |
| Other Government | \$27364616            | \$0                   | \$27364616                    |
| Other State      | \$22749261            | \$21203335            | \$1545926                     |
| Other Payers     | \$370744668           | \$187306478           | \$183438190                   |
| Total            | \$1198295960          | \$764384304           | \$433911656                   |

|                                      |
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| Statement Three: Donations Statement |
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|           | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------|----------------------------|-----------------------------|-------------------------|
| Donations | \$0                        | \$138057                    | \$-138057               |

|                                    |
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| Statement Four: Research Statement |
|------------------------------------|

|          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------|----------------------------|-----------------------------|-------------------------|
| Research | \$0                        | \$146982                    | \$-146982               |

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| Statement Five: Education Statement |
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| Education of          | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|-----------------------|----------------------------|-----------------------------|-------------------------|
| Medical Professionals | \$2792489                  | \$6998447                   | \$-4205958              |
| Hospital Patients     | \$0                        | \$441443                    | \$-441443               |
| Community Education   | \$0                        | \$72099                     | \$-72099                |

|                                                         |        |
|---------------------------------------------------------|--------|
| Number of Medical Professionals Trained                 | \$0    |
| Number of Hospital Patients Educated                    | 346353 |
| Number of Citizens Exposed to Health Education Messages | 4112   |

|                                  |
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| Statement Six: Charity Statement |
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|                          |            |
|--------------------------|------------|
| Hospital Charity Charges | \$21208340 |
|--------------------------|------------|

|                           | Payments from Clients | Less Costs to Hospital | Unreimbursed Costs to Hospital |
|---------------------------|-----------------------|------------------------|--------------------------------|
| Charity Care              | \$0                   | \$5771995              |                                |
| HCI Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$5771995              | \$-5771995                     |
| Medicaid Shortfalls       | \$0                   | \$22224176             |                                |
| Subtotal                  | \$0                   | \$27996171             | \$-27996171                    |
| DSH Payments              | \$0                   |                        |                                |
| Subtotal                  | \$0                   | \$27996171             | \$-27996171                    |
| Medicare Shortfalls       | \$0                   | \$163045520            |                                |
| Other Government Programs | \$0                   | \$0                    |                                |
| Total                     | \$0                   | \$191041691            | \$-191041691                   |

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| Statement Seven: Subsidized Health Services for the Community |
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|                      | Estimated Incoming Revenue | Estimated Outgoing Expenses | Net Dollar Gain or Loss |
|----------------------|----------------------------|-----------------------------|-------------------------|
| Community Programs   | \$0                        | \$6823748                   | \$-6823748              |
| Community Assessment | \$0                        | \$0                         | \$0                     |
| Provision of Taxes   | \$0                        | \$588234                    | \$-588234               |
| Other Allocations    | \$0                        | \$0                         | \$0                     |

Comments

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